## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

| Schedule E)                                                                                                                                                                                                                                                      | PAGE 1 OF 1 FOR SE OF FORM 24/48          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| NAME OF COMMITTEE (In Full)                                                                                                                                                                                                                                      | FEC IDENTIFICATION NUMBER ▼               |
| El Paso Progress PAC                                                                                                                                                                                                                                             |                                           |
|                                                                                                                                                                                                                                                                  | C C00556613                               |
| Check if X 24-hour report 48-hour report New report Amends report filed                                                                                                                                                                                          | d on Mam / Dab / Yayayay                  |
| Full Name of Payee                                                                                                                                                                                                                                               | Date of Public Distribution/Dissemination |
| The Sexton Group                                                                                                                                                                                                                                                 | 02 18 2014                                |
| Mailing Address 321 N. Clark St.                                                                                                                                                                                                                                 | Amount                                    |
| Ste. 500                                                                                                                                                                                                                                                         | 00000 70                                  |
| City State Zip Code Chicago IL 60654                                                                                                                                                                                                                             | 62086.72<br>Transaction ID : SE.4110      |
|                                                                                                                                                                                                                                                                  | Date of Disbursement or Obligation        |
| Purpose of Expenditure Robo Calls  Category/ Type                                                                                                                                                                                                                | 02 / 25 / Y Y Y Y Y                       |
| Name of Federal Candidate Support Offic                                                                                                                                                                                                                          | ce Sought: House District:                |
| MAXEY SCHERR Oppose                                                                                                                                                                                                                                              | President State: TX                       |
| Calendar Year-To-Date Per Election for Office Sought  Distriction 1                                                                                                                                                                                              | oursement For:                            |
| Full Name of Payee                                                                                                                                                                                                                                               | Date of Public Distribution/Dissemination |
|                                                                                                                                                                                                                                                                  | M - M / D - D / Y - Y - Y                 |
| Mailing Address                                                                                                                                                                                                                                                  | Amount                                    |
| City State Zip Code                                                                                                                                                                                                                                              |                                           |
| Only State Zip Sode                                                                                                                                                                                                                                              |                                           |
| Purpose of Expenditure                                                                                                                                                                                                                                           | Date of Disbursement or Obligation        |
| Category/ Type                                                                                                                                                                                                                                                   | M = M / D = D / Y = Y = Y                 |
| Name of Federal Candidate Support Office                                                                                                                                                                                                                         | ce Sought: House District:                |
| Oppose                                                                                                                                                                                                                                                           | President Senate State:                   |
| Galoridar Todi To Balo                                                                                                                                                                                                                                           | oursement For: Primary General            |
| Per Election for Office Sought                                                                                                                                                                                                                                   | Other (specify) ▶                         |
| (a) SUBTOTAL of Itemized Independent Expenditures                                                                                                                                                                                                                | 62086.72                                  |
| (b) SUBTOTAL of Unitemized Independent Expenditures                                                                                                                                                                                                              |                                           |
|                                                                                                                                                                                                                                                                  |                                           |
| (c) TOTAL Independent Expenditures                                                                                                                                                                                                                               | 62086.72                                  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. |                                           |
| Steve Verzwyvelt  [Electronically Filed] Date                                                                                                                                                                                                                    | 02 18 2014                                |
| Signature                                                                                                                                                                                                                                                        |                                           |